ALABAMA MEDICAID

2014 Meaningful Use Attestation Submission Guidance For Eligible Professionals

DEADLINE:

The deadline for submitting your 2014 Program Year Attestation is ***June 30, 2015***.

OVERVIEW OF PROCESS

The Alabama State Level Registry (SLR) was enabled to begin allowing providers to submit attestations for Stage 1 of Meaningful Use (MU) on April 1, 2012. As providers progress through the incentive program and the program evolves, the requirements for MU attestations change from one Stage of MU to the next as well as from year to year. This guide provides information on how to prepare attestations for Program Year 2014.

WHAT'S THE SAME?

Steps 1, 2, 4 and 5 in the SLR continue to capture essentially the same information as before.

Step 1 (About You): *Step 1* is identifying data for the provider. The information may be updated by the provider if there are changes from the prior year, such as a change in the contact person, a new location or group/practice, etc.

Step 2 (Confirm Medicaid Eligibility): A Provider must establish eligibility for the Medicaid incentive program each year of participation; therefore, Medicaid and Total patient volume data must be submitted with each attestation

Step 4 (Attestation): *Step 4* involves reviewing, signing and uploading the Attestation Agreement.

Step 5 (Attestation Submitted): *Step 5* is the submission of the Attestation Agreement to the State Level Registry.

WHAT'S DIFFERENT? STEP 3

For those Eligible Professionals (EPs) who have attested to AIU in the prior year, ***Step 3*** collects information for the first year of Stage1 of Meaningful Use for that EP (MU Stage 1 – Year 1). For those EPs that have attested to MU in prior years, Step 3 of the SLR will address the appropriate stage and year of MU for that EP. In either case, in order to attest to the measures for the EP's MU stage and year, the EP must submit answers to a questionnaire and enter data attesting to the actual use of their electronic health record systems. The menu on the left side of the screen in Step 3 of the State Level Registry tracks the status of the data entered. As previously experienced with SLR attestation submissions, the SLR does not permit the provider to continue to the next step unless all required data is entered appropriately for the current step.

CERTIFIED EHR TECHNOLOGY (CEHRT) IN 2014?

Eligible Professionals are expected to use a 2014 Edition CEHRT (Certified EHR Technology) for all attestations and demonstrations of meaningful use in Payment Year 2014. However, in September 2014, CMS published a FINAL RULE that grants flexibility to certain providers who were unable to fully implement 2014 Edition CEHRT for an EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability. The information and resources below will assist you in making the proper decision about attesting with acceptable CEHRT systems in 2014 and their applicable Meaningful Use and Clinical Quality Measures.

CEHRT FOR AIU IN 2014

You ***MUST*** use 2014 Certified EHR Technology (CEHRT) for all attestations in Program Year 2014 if you are attesting to AIU. There are no exceptions.

CEHRT FOR MEANINGFUL USE IN 2014 AND THE "FLEXIBILITY RULE"

The Alabama State Level Registry allows providers who are unable to fully implement a 2014 Edition CEHRT because of issues related to CEHRT availability delays to exercise the flexibility offered by CMS to use either a:

- 2011 Edition CEHRT,
- Combination 2011 and 2014 Edition CEHRT, or
- 2014 CEHRT

to attest to Meaningful Use for Program Year 2014.

If you were unable to fully implement a 2014 Edition CEHRT because of issues related to CEHRT availability delays, and as a result, you were unable to attest to 2014 Meaningful Use requirements, you may be able to take advantage of the alternatives contained in the Flexibility Rule. It is important that you review and understand the information below before proceeding with your 2014 attestation.

CERTIFICATION FLEXIBILITY RULE

The Certification Flexibility Rule grants Meaningful Use reporting flexibility to providers who are ***unable to fully implement*** 2014 Certified Electronic Health Record Technology (CEHRT) for a 2014 reporting period due to a delay in the availability of the 2014 CEHRT from the vendor.

The Rule recognizes the following as acceptable reasons for delays in availability:

- Software development delays
- Missing or delayed software updates
- Being unable to implement 2014 CEHRT for the full reporting period
- Unable to train staff, test the updated system, or put new workflows in place because of delays associated with installation of 2014 CEHRT
- Unable to meet Stage Two summary of care measures because the recipient of transmittals was impacted by 2014 CEHRT issues

The following are **not** recognized in the final rule as reasons for an inability to fully implement a 2014 CEHRT:

- Financial issues
- Inability to meet one or more measures
- Staff turnover and changes
- Provider waited too long to engage a vendor
- Refusal to purchase the requisite software updates
- Providers who fully implemented 2014 Edition CEHRT and can report in 2014

If you meet one of the acceptable reasons above and elect to attest using the Flexibility Rule, you must complete the Flexibility Rule Attestation form and submit it with your attestation at Step 3. The actual document is found on the OneHealthRecord®-Meaningful Use website.

ATTESTATION TO DELAY IN AVAILABILITY OF 2014 EDITION CEHRT MEANINGFUL USE PROGRAM YEAR 2014	
Provider Name	
NPI	
Practice/Clinic Name	
CEHRT Vendor	
Product Name and Version	
Date of 2014 CEHRT Installation	
Date 2014 Edition CEHRT Fully Implemented	

I attest to being unable to fully implement a 2014 CEHRT due to delays associated with installation for the following reason:

	Software development delays
	Missing or delayed software updates
	Unable to implement 2014 CEHRT for the full reporting period
	Insufficient time to
	_____ Train staff,
	_____ Test the updated system, or
	_____ Put new workflows in place
	Unable to meet Stage Two summary of care measures because the recipient of transmittals was impacted by 2014 CEHRT issues.
	Other:

I understand that the following reasons are **not** acceptable for failing to fully implement a 2014 CEHRT:

• Financial issues	• Provider waited too long to engage a vendor
• Inability to meet one or more measures	• Refusal to purchase the requisite software updates
• Staff turnover and changes	• Providers who fully implemented 2014 Edition CEHRT and can report in 2014

I further understand that Providers who fully implemented a 2014 Edition CEHRT and can report in 2014 are NOT eligible for any option under the Flexibility Rule.

Date	Signature

Once you have determined that you are eligible to attest under the Flexibility Rule guidelines, you must identify the CEHRT that was used for MU reporting in 2014. The CEHRT Edition used determines the Meaningful Use Stage and measures and Clinical Quality Measures (CQMs) to be reported.

Before you start the attestation process in the State Level Registry for Program Year 2014, you will be asked to select a CEHRT edition and, based upon that selection, the SLR will generate the Measures to which you will attest.

For more information about making this selection, refer to 2014 CEHRT Rule: Quick Guide. The Quick Guide includes a CEHRT Interactive Decision Tool to quickly help you identify your options. An overview of the options is listed below based on the Edition of EHR certification you used during the reporting period.

2011 CEHRT

If you are scheduled to report Stage 1 or Stage 2, you may attest to:

- 2013 Stage 1 objectives and 2013 CQMs

Combination of 2011 & 2014 CEHRT

If you are scheduled to report Stage 1, you may attest to:

- 2013 Stage 1 objectives and 2013 CQMs; or
- 2014 Stage 1 objectives and 2014 CQMs

If you are scheduled to report Stage 2, you may attest to:

- 2013 Stage 1 objectives and 2013 CQMs; or
- 2014 Stage 1 objectives and 2014 CQMs; or
- Stage 2 objectives and 2014 CQMs

2014 CEHRT

If you are scheduled to report Stage 1, you must attest to:

- 2014 Stage 1 objectives and 2014 CQMs

If you are scheduled to report Stage 2, you must attest to:

- Stage 2 objectives and 2014 CQMs; or
- 2014 Stage 1 objectives and 2014 CQMs

Meaningful Use Reporting Period

The Reporting Period for ALL Stage 1 and Stage 2 attestations for Payment Year 2014 is 90 days.

Note: You must report the number of patients in your EHR system. You will report the total number of ***unique patients*** in the EHR system at the beginning of Step 3. The same number of unique patients is reported as the denominator for –

Stage 1 Core Measures

- #3 Problem List,
- #5 Active Medication List,
- #6 Active Medication Allergy List, and
- #7 Demographics.

STAGE 1 MENU MEASURE

- #4 Patient Reminders.

STAGE 2 CORE MEASURE

- # 3 Demographics,
- # 4 Vital Signs,
- # 10 View Patient Data,
- # 12 Patient Education Resources, and
- # 13 Electronic Messaging

STAGE 2 MENU MEASURES

- # 4 Family Health History

SUPPORTING DOCUMENTATION REQUIRED FOR MEANINGFUL USE MEASURES AND CQMS:

- Each measure MUST have supporting documentation in order for your application to be considered complete. You will need a report from your certified EHR system, or similar documentation, which supports the numerators and denominators you are reporting for your MU measures.
- The supporting documentation must be uploaded into the SLR as part of your attestation for your incentive payment.
- Depending on how your CEHRT reports the relevant data, it is not necessary to attach a separate report for each MU measure. If one report contains the necessary data for more than one measure, the single report may be used to support all the measures included. In such instance, you must be sure to indicate which measures the report supports. If your CEHRT produces a separate report for each measure, please attempt to scan the pages and upload as one document.

Once you have identified the MU Measures and CQMs that you will report and the Reporting Period, you may click on the following sections that will list the documentation specifically required for Alabama's attestation process for Stage 1 and Stage 2 of Meaningful Use.

- 2013 Stage 1 MU Measures
- 2014 Stage 1 MU Measures
- Stage 2 Measures
- CQMs

2013 Stage 1 Meaningful Use Measures

- Core Measures (14) – EP must attest to all Core measures
- Menu Measures (5) – EP must attest to 5 of the 10 Menu Measures
- Clinical Quality Measures (6) – The EP must submit Clinical Quality Measure data for 6 of a possible 44 CQMs. The SLR provides guidance for submission of the appropriate measures.

Below are CMS resources that describe the requirements for each of the measures above for 2014:

CMS Specification Sheets - Eligible Professional 2013 Definition Spec Sheets

An Introduction to Medicaid EHR Program for Eligible Professionals eHealth University_Intro Medicaid EHR EPs.pdf

List of Clinical Quality Measures (CQMs) finalized in 2011

Required Supporting Documentation When Reporting 2013 Stage 1 Meaningful Use Measures

In addition to the reports from the CEHRT, specific documentation must be submitted for those measures depicting functionality or capability in the CEHRT instead of or in addition to reporting numerical thresholds.

CORE MEASURES

	CATEGORY	DESCRIPTION OF MEASURE	ADDITIONAL INSTRUCTIONS
1	CPOE	More than 80 percent of all unique patients seen by the EP have at least one entry (**or** an indication that the patient has no known medication allergies) recorded as structured data.	Enter the data generated from your CEHRT.
2	Drug-Drug/Drug-Allergy	The EP has enabled this functionality for the entire EHR reporting period.	Report "Yes" to EHR functionality and upload ***legible screen shots*** showing the specified system functionality; this is required documentation for this measure. In some instances, the drug-drug and drug-allergy interaction checks will also be in the screen shot with the drug formulary check.
3	Problem List	More than 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Enter the data generated from your CEHRT.
4	E-Prescribing	More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Enter the data generated from your CEHRT.
5	Medication List	More than 80 percent of all unique patients seen by EP have at least	Enter the data generated from your CEHRT.

	CATEGORY	DESCRIPTION OF MEASURE	ADDITIONAL INSTRUCTIONS
		one entry (or an indication that patient is not currently prescribed any medication) recorded as structured data.	
6	Medication Allergy List	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Enter the data generated from your CEHRT.
7	Record Demographics	More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data.	Enter the data generated from your CEHRT.
8	Vital Signs	For more than 50 percent of all unique patients age 2 and over seen by the EP, height, weight, and blood pressure are recorded as structured data.	Enter the data generated from your CEHRT.
9	Smoking Status	More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	Enter the data generated from your CEHRT.
10	CQMs	Report ambulatory clinical quality measures to CMS	Respond "Yes" to proceed
11	Clinical Decision Support	Implement one clinical decision support rule.	Respond "Yes" to proceed and **identify a specific condition in the SLR**. For example: Diabetes.
12	Patient Electronic Copy	More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.	Enter the data generated from your CEHRT.
13	Patient Clinical Summaries	Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days.	Enter the data generated from your CEHRT.
14	Protect Electronic Health Information	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a) (1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	Respond "Yes" to proceed. Retain a copy of security analysis and/or reviews. The Risk Assessment or Review must be conducted before the attestation. Refer to the following Link for Assistance and guidance with this measure. Link for Assistance: Security Risk Analysis Tip sheet for Eligible Professionals

Menu Measures

	CATEGORY	DESCRIPTION OF MEASURE	ADDITIONAL INSTRUCTIONS
1	Drug Formulary Checks	The EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.	Report "Yes" to EHR functionality to proceed, upload l***egible screen shots*** showing the specified system functionality is available. In some instances, the drug-drug and drug-allergy interaction checks will also be in the screen shot with the drug formulary check.
2	Clinical Lab Results	More than 40 percent of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	Enter the data generated from your CEHRT.
3	Patient Lists	Generate at least one report listing patients of the EP with a specific condition.	Respond "Yes" to proceed. EP must **identify a specific condition in the SLR**, for example: Diabetes.
4	Patient Reminders	More than 20 percent of all patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	Enter the data generated from your CEHRT.
5	Patient Electronic Access	At least 10 percent of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.	Enter the data generated from your CEHRT.
6	Patient Education Resources	More than 10 percent of all unique patients seen by the EP are provided patient-specific education resources.	Enter the data generated from your CEHRT.
7	Medication Reconciliation	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Enter the data generated from your CEHRT.
8	Summary of Care Record	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of	Enter the data generated from your CEHRT.

	CATEGORY	DESCRIPTION OF MEASURE	ADDITIONAL INSTRUCTIONS
		transitions of care and referrals.	
9	Immunization Registry	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically).	Upload ***legible screen shots*** showing the specified system functionality is available. In addition, screenshots from the EHR system, ADPH website or other documentation that validate a test submission to the registry or public health agency. Even if the test fails, you have successfully met this objective. If attesting to an exclusion to the Immunization Registry measure, you must submit a memo or letter stating that you did not perform immunizations during the reporting.
10	Syndromic Surveillance	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information has the capacity to receive the information electronically).	The functionality for this measure is not currently available to Eligible Professionals in Alabama If attesting to this measure and claiming an exclusion, you must submit an exemption letter from the ADPH website.

2014 Stage 1 Meaningful Use Measures

- Core Measures (13) – EP must attest to all Core measures
- Menu Measures (5) – EP must attest to 5 of the 9 Menu Measures
- Clinical Quality Measures (9) – The EP must submit Clinical Quality Measure data for 9 CQMs:
  EPs will report on a total of nine (9) Clinical Quality Measures that cover at least three (3) of the National Quality Strategy domains. The SLR provides guidance for submission of the appropriate measures.

Below are CMS resources that describe the requirements for each of the measures above for 2014:

CMS Specification Sheets - Eligible Professional 2014 Stage 1 MU Specification Sheets

An Introduction to Medicaid EHR Program for Eligible Professionals eHealth University_Intro Medicaid EHR EPs.pdf

2014 Clinical Quality Measure (CQM) Electronic Reporting Guide CQM 2014 Guide EP

Required Supporting Documentation When Reporting 2014 Stage 1 Meaningful Use Measures

In addition to the reports from the CEHRT, specific documentation must be submitted for those measures depicting functionality or capability in the CEHRT instead of or in addition to reporting numerical thresholds.

CORE MEASURES

	CATEGORY	DESCRIPTION OF MEASURE	ADDITIONAL INSTRUCTIONS
1	CPOE	More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least on medication order entered using CPOE. Optional Alternate: More than 30 percent of medication orders created by the EP during the HER reporting period are recorded using CPOE.	Enter the data generated from your CEHRT.
2	Drug-Drug/Drug-Allergy	The EP has enabled this functionality for the entire EHR reporting period.	Report "Yes" to EHR functionality and upload ***legible screen shots*** showing the specified system functionality; this is required documentation for this measure. In some instances, the drug-drug and drug-allergy interaction checks will also be in the screen shot with the drug formulary check.
3	Problem List	More than 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient	Enter the data generated from your CEHRT.

	CATEGORY	DESCRIPTION OF MEASURE	ADDITIONAL INSTRUCTIONS
		recorded as structured data.	
4	E-Prescribing	More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Enter the data generated from your CEHRT.
5	Medication List	More than 80 percent of all unique patients seen by EP have at least one entry (or an indication that patient is not currently prescribed any medication) recorded as structured data.	Enter the data generated from your CEHRT.
6	Medication Allergy List	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Enter the data generated from your CEHRT.
7	Record Demographics	More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data.	Enter the data generated from your CEHRT.
8	Vital Signs	For more than 50 percent of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data.	Enter the data generated from your CEHRT.
9	Smoking Status	More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	Enter the data generated from your CEHRT.
10	Clinical Decision Support	Implement one clinical decision support rule.	Respond "Yes" to proceed and **identify a specific condition in the SLR**. For example: Diabetes.
11	Patient Electronic Access	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information, with the ability to view, download, and transmit to a third party.	Enter the data generated from your CEHRT.

	CATEGORY	DESCRIPTION OF MEASURE	ADDITIONAL INSTRUCTIONS
12	Patient Clinical Summaries	Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days.	Enter the data generated from your CEHRT.
13	Protect Electronic Health Information	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	Respond "Yes" to proceed. Retain a copy of security analysis and/or reviews. The Risk Assessment or Review must be conducted before the attestation. Refer to the following Link for Assistance for guidance with this measure. Link for Assistance: Security Risk Analysis Tip sheet for Eligible Professionals

Menu Measures

	CATEGORY	DESCRIPTION OF MEASURE	ADDITIONAL INSTRUCTIONS
1	Drug Formulary Checks	The EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.	Report "Yes" to EHR functionality to proceed, upload l***egible screen shots*** showing the specified system functionality is available. In some instances, the drug-drug and drug-allergy interaction checks will also be in the screen shot with the drug formulary check.
2	Clinical Lab Results	More than 40 percent of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	Enter the data generated from your CEHRT.
3	Patient Lists	Generate at least one report listing patients of the EP with a specific condition.	Respond "Yes" to proceed. EP must **identify a specific condition in the SLR**, for example: Diabetes.
4	Patient Reminders	More than 20 percent of all patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	Enter the data generated from your CEHRT.

	CATEGORY	DESCRIPTION OF MEASURE	ADDITIONAL INSTRUCTIONS
5	Patient Education Resources	More than 10 percent of all unique patients seen by the EP are provided patient-specific education resources.	Enter the data generated from your CEHRT.
6	Medication Reconciliation	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	Enter the data generated from your CEHRT.
7	Summary of Care Record	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.	Enter the data generated from your CEHRT.
8	Immunization Registry	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically).	Upload ***legible screen shots*** showing the specified system functionality is available. In addition, screenshots from the EHR system, ADPH website or other documentation that validate a test submission to the registry or public health agency. Even if the test fails, you have successfully met this objective. If attesting to an exclusion to the Immunization Registry measure, you must submit a memo or letter stating that you did not perform immunizations during the reporting.
9	Syndromic Surveillance	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information has the capacity to receive the information electronically).	The functionality for this measure is not currently available to Eligible Professionals in Alabama If attesting to this measure and claiming an exclusion, you must submit an exemption letter from the ADPH website.

2014 Stage 2 Meaningful Measures Attestation

- Core Measures (17) – EP must attest to all 17 measures
- Menu Measures (6) – EP must attest to 3 of the 6 Menu Measures
- Clinical Quality Measures (9) – The EP must submit Clinical Quality Measure data for 9 CQMs:
  EPs will report on a total of nine (9) Clinical Quality Measures that cover at least three (3) of the National Quality Strategy domains. The SLR provides guidance for submission of the appropriate measures.

Below is a link to the CMS Specification Sheets that describe the requirements for each of the measures above for 2014:

Eligible Professional 2014 Stage 2 MU Specification Sheets

Required Additional Documentation When Reporting Stage 2 Meaningful Use Measures for 2014

In addition to the reports from the CEHRT, specific documentation (such as screen shots) must be submitted for those measures depicting functionality or capability in the CEHRT instead of reporting numerical thresholds.

Core Measures:

- Core Measure # 2 Second Measure: Drug Formulary
- Core Measure #16: Public Health Ongoing Reporting
- Core Measure #6: Second Measure: Drug-Drug Drug-Allergy Interaction
- Core Measure #View #10: Patient Data Online
- Core Measure #15: Transitions of Care – Electronic Exchange of a Summary of Care Document

Menu Measures:

- Menu Measure #1: Syndromic Surveillance Cancer Registry
- Menu Measure #5: Report Cancer Cases
- Menu Measure #6: Report Cases from Specialized Cases

DETAILS FOR STAGE 2 ATTESTATION SUBMISSIONS

The following legend identifies the changes to the Core and Menu Measures for Stage 2 and provides additional information and/or instructions for the Alabama attestation submission process.

New Measure	Existing Measure that has been Modified	Former Menu Measure that is now a Core Measure

Highlighted numbers are changes to the thresholds for the measures.

STAGE 2 CORE MEASURES – (IDENTIFIED IN THE SLR AS MU CORE OBJECTIVES)

EP must attest to all 17 Core Measures

	MEASURE NAME	DESCRIPTION OF MEASURE	ADDITIONAL INSTRUCTIONS
1	CPOE	Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders. Measure #1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE Measure #2: More than 30% of laboratory orders created by the EP during the EHR reporting period are recorded using CPOE. Measure #3: More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.	New Measures
2	e-Prescribing	More than 50 percent of all permissible prescriptions written by the EP are: Compared to at least one drug formulary and Transmitted electronically using certified EHR technology.	Drug Formulary: ***Legible screen shot*** showing the specified system functionality is available must be submitted for this measure. (In some instances, the drug-drug and drug-allergy interaction checks will also be in the screen shot with the drug formulary check.)
3	Record Demographics	More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.	Increased percentage for this measure
4	Vital Signs	More than 80 percent of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.	Increased percentage for this measure
5	Smoking Status	More than 80 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	Increased percentage for this measure

6	Clinical Decision Support	**Measure #1:** Implement five clinical decision support interventions related to *four or more clinical quality measures* or *four or more high-priority heath conditions at* a relevant point in patient care for the entire EHR reporting period. **Measure #2:** The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	**Measure #1:** EP must identify 4 CQMs or 4 High Priority Health Conditions. **Measure #2:** *Legible screen shots* showing the specified system functionality must be submitted for this measure. (In some instances, the drug-drug and drug-allergy interaction checks will also be in the screen shot with the drug formulary check.)
7	Clinical Lab Test Results	More than 55 percent of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	Former Menu Measure and change in percentage for the measure
8	Condition Lists	Generate at least one report listing patients of the EP with a specific condition.	Former Menu measure.
9	Patient Reminders	More than 10% of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.	***NEW MEASURE AND NEW DENOMINATOR*** Number of unique patients who have had two or more office visits with the EP in the 24 months prior to the beginning of the EHR reporting period.
10	View Patient Data	**Measure #1:** More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) ***online access*** to their health information subject to the EP's discretion to withhold certain information. **Measure #2:** More than 5% of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download or transmit to a third party their health information.	Documentation of information or instructions given to patients on how to access their health information on-line. ***Legible screen shot*** showing the specified system functionality (EP's Patient Portal) must be submitted for this measure. Link to Patient Electronic Access Tipsheet
11	Patient Clinical Summaries	Clinical summaries provided to patients or patient authorized representatives for more than 50 percent of all office visits within 1 business day.	

12	Patient Education Resources	Patient–specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.	Former Core Measure
13	Electronic Messaging	A secure message was sent using the electronic messaging function of CEHRT by more than 5% of unique patients (or their authorized representatives) seen by the EP during the reporting period.	For audit purposes, the EP should retain the list of patients from whom they received messages.
14	Medication Reconciliation	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.	
15	Transitions of Care	**Measure #1:** EP that transitions or refers their patient to another setting of care provides a summary of care record for more than 50% of transitions of care and referrals. **Measure #2:** The EP that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10% of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network	NEW Measure #2: EP must identify the recipient and the EHR vendor to which the summary of care was exchanged. EP must use either of the following for the data exchange: -CEHRT -Recognized HIE

15	Transitions of Care (Cont.)	**Measure #3:** An EP must satisfy ***one*** of the two following criteria * Conducts one or more successful electronic exchanges of a summary of care document, which is counted in Measure 2, with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2); or * Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period * List an EHR technology you have provided a summary of care document to	Measure #3: EP must upload either documentation for the criteria chosen: - Documentation such as a screen shot and an acknowledgement from your EHR and e-mail from the recipient EP reporting the exchange. The documentation must identify the recipient's EHR Certification ID. Both CEHRTs ID must be a 2014 Edition. Or - If using the CMS test, save and upload the email message indicating success in your records. Below is a link to the User Guide to conduct a test with the CMS designated test EHR. https://ehr-randomizer.nist.gov/ehr-randomizer-app/#/home Provider User Guide for NIST EHR Randomizer Tool To perform the CMS test, you must know your Direct Address and how to send a Direct message. For assistance with Direct, you may contact meghan.youngpeter@medicaid.alabama.gov (334) 353-4463 or Stella.Stewart@medicaid.alabama.gov (334) 353-3651
16	Immunization Registry	Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period.	The EP may attach a screen shot from the ADPH website showing their connection in the portal ***and*** a letter identifying the current **status** of the onboarding process. The EP must have initiated the onboarding process within 60 days of attestation. Refer to the specification sheets and the SLR for guidance on this measure. An EP may indicate Yes on 2nd exclusion question on Immunization Registry if the exclusion is due to their vendor not having registry connection capability. The EP must attach a letter from the vendor stating it does not have a connection to the registry. Links For Assistance: Public Health Registry Tip sheet ADPH Meaningful Use Website

17	Protect Health Information	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	This measure merely requires the EP to respond "Yes" during the attestation process to actions that were taken during the representative period. Alabama does not require additional documentation for the requirement to Protect Electronic Health Information as the EP is already responsible for this under HIPAA. However, when audited, the EP must be able to provide documentation related to security of information. Link for Assistance: Security Risk Analysis Tip sheet for Eligible Professionals

MENU MEASURES (IN SLR – MU MENU OBJECTIVES)

EP must attest to 3 of 6 of the Menu Measures

	MEASURE NAME	DESCRIPTION OF MEASURE	ADDITIONAL INSTRUCTIONS
1	Syndromic Surveillance	Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period	If EP is on APDH list, no further documentation is needed. An EP can indicate Yes on 2nd exclusion question on Immunization Registry if it is due to their vendor not having registry connection capability or the interface is available but the vendor charges for it. EP must attach a vendor letter stating reason or a letter from the vendor indicating cost can be used for the EP to exclude.
2	Electronic Note	Enter at least one electronic progress note created, edited, and signed by an EP for more than 30% of unique patients with at least one office visit during the EHR reporting period.	NEW
3	Imaging Results	More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.	NEW
4	Family Health History	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.	NEW

5	Report Cancer Cases	Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.	The EP may attach a screen shot from the ADPH showing their connection in the portal ***and*** a letter identifying the current **status** of the onboarding process. The EP must have initiated the onboarding process within 60 days of attestation. Refer to the specification sheets and the SLR for guidance on this measure. An EP may indicate Yes on 2nd exclusion question on Immunization Registry if the exclusion is due to their vendor not having registry connection capability. The EP must attach a letter from the vendor stating it does not have a connection to the registry. Links For Assistance: Public Health Registry Tip sheet ADPH Meaningful Use Website
6	Report Specific Cases	Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.	Currently, ADPH does not have another specialized Registry. This is a space holder for future development.

CLINICAL QUALITY MEASURES (CQMs)

2013

In 2013, EPs must report 6 of a possible 44 measures.

- 3 required core measures or 3 alternate core, as necessary
- 3 of 38 additional measures

2013 CQMs may be found in the following link: Clinical Quality Measures (CQMs) finalized in 2011

2014

For those EPs required to report on the 2014 CQMs (2014 EP CQM List), the CQMs are the same for Stage 1 and Stage 2 Meaningful Use. The EP must submit Clinical Measure data for 9 of 64 approved CQMs.

CMS has identified two recommended core sets of CQMs - one for adults and one for children on high-priority health conditions and best-practices for care delivery.

- 9 CQMs for adult populations that meet all of the program requirements
- 9 CQMs for pediatric populations that meet all of the program requirements

EPs may report on a total of nine (9) Clinical Quality Measures that cover at least three (3) of the National Quality Strategy domains.

- Efficient Use of Healthcare Resources Domain
- Clinical Process/Effectiveness Domain
- Population/Public Health Domain
- Patient and Family Engagement Domain
- Care Coordination Domain
- Patient Safety

If the EP's CEHRT does not contain patient data for at least 9 CQMs covering at least 3 domains, then the EP must report the CQMs for which there is patient data and report the remaining required CQMs as "zero denominators" as displayed by the EP's CEHRT

CMS encourages EPs to report from the recommended core set to the extent those CQMs are applicable to your scope of practice and patient population.

Clinical quality measures do not have thresholds that you have to meet—you simply have to report data on them. Although the SLR asks for calculations of the percentages of the clinical quality measures, the percentages are informational only.

Your Certified EHR will produce a report with clinical quality measure data. Medicaid will validate that the data submitted in the SLR matches the data on the report and you must enter that data exactly as your certified EHR produced it.

There are multiple population groups for certain CQMs. The order in which this data is listed displayed in the SLR report will differ from the reports submitted by the EP.
All measures are reported in structured format with a numerator and denominator. Medicaid will compare the values entered into the SLR to the EHR report the EP attaches.

If an EP reports zero in the SLR for a CQM(s), the zero data is not required on the EPs report to validate.

More Information about the Meaningful Program can be found at the following sites:

CMS EHR Incentive Programs Website

An Introduction to the EHR Incentive Programs for Medicaid Eligible Professionals (2014 Definition)

Eligible Professional's Guide to: STAGE 2 OF THE EHR INCENTIVE PROGRAMS

The Specification Sheets defining and describing all Meaningful Use measures as well as the validation methods can be found on the CMS Incentive Payment website at the following:

Eligible Professional 2013 Definition Spec Sheets

Eligible Professional Stage 1 2014 MU Specification Sheets

Eligible Professional **Stage 2** MU Specification Sheets

Alabama Medicaid Agency website:

www.OneHealthRecord.alabama.gov

The Alabama State Level Registry site:
http://Al.arraincentive.com